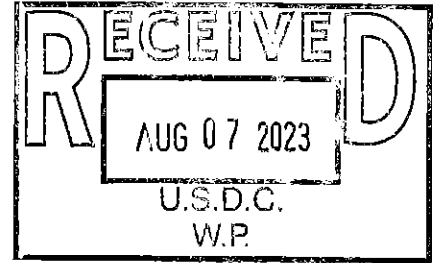


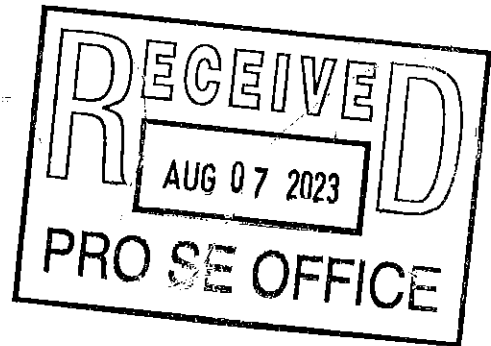
**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

Patrick Sander,
Plaintiff



-VS-

City Of Mount Vernon,
Mount Vernon Police Department,
Westchester Department Of Corrections,
Department Of Social Services;
Adult Protective Services,
Child Protective Services,
Jacobi Medical Center,
New York Police Department,
Defendants



Civil Case No.: 23-CV-6204

CIVIL RIGHTS COMPLAINT PURSUANT TO 42 U.S.C. ss1983

Plaintiff demands a trial by: Jury

JURISDICTION

1. This is a civil action seeking relief and/or damages as reparations to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. ss 1983. The Court has jurisdiction over this action pursuant to 28 U.S.C. ss 1331, 1343(3), and (4) and 2201.

PARTIES

1. Plaintiff: Patrick Sander
Address: 7 Saint Josephs Terrace, Albany New York 12210
2. Defendants:
 - a. City Of Mount Vernon
1 Roosevelt Square
Mount Vernon City Hall
Mount Vernon, New York, 10550
 - b. Mount Vernon Police Department
2 Roosevelt Square
Mount Vernon, New York 10550
 - c. Westchester Department Of Corrections
10 Woods Road
Valhalla, New York 10595
 - d. Westchester County Department Of Social Services;
Child Protective Services,
Adult Protective Services,
112 East Post Road
White Plains, New York 10601
 - d. Jacobi Medical Center
1400 Pelham Pkwy S,
Bronx, New York 10461
 - e. New York Police Department
1 Police Plaza,
1 Police Plaza Path,
New York, NY 10038

Evidence:

Civil Case No: 23-CV-6204

Plaintiff: Patrick Sander

Dated: August 1st 2023

Exhibit A: Proof of Income for petition to move forward in
Forma Pauperis

1. Social Security Proof

2. SNAP Benefits Proof

SNAP UNIT
 WHITE PLAINS DISTRICT OFFICE
 85 COURT STREET
 WHITE PLAINS, NY 10601

Date: 01/10/2022

Case No.: N2088904

SANDER PATRICK
 507 S 7TH AVE 3RD FLR.
 MT VERNON, NY 10550

LDSS-4836 (Rev.10/21)

NYSCAP Supplemental Nutrition Assistance Program (SNAP) Benefits Interim Report

Please fill out this form right away and return it to the address listed above. If you don't send the form back, your SNAP benefits will stop. NYSCAP will replace NYSNIP. If you previously had NYSNIP, you now have NYSCAP.

We've sent this form because we must update your NYSCAP SNAP benefits case. Please answer the questions below about your shelter, heat, and utility costs and unreimbursed medical expenses. These expenses affect how much you can get in SNAP. If you never told us about these costs, or if they have changed, we might be able to give you more SNAP. Please send us current proof of these expenses if you never told us about them or if they have changed.

Even if you have no changes to report, you must send the form back or your SNAP benefits will stop. Please sign and date the form and return it to us no later than the 10th day of next month.

SECTION 1

1. Do you still live at the address where this notice was sent? ☐ Yes ☐ No (If you answered "No", write your new address below)

Your New Address (include Apartment number):	City/Town:	State:	Zip Code:
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2. Do you: ☐ Own your home? ☐ Rent? ☐ Live in public housing? ☐ Have no permanent residence or are homeless?
☐ Other: _____

2a. How much do you pay monthly for your rent or mortgage? \$ _____

2b. If you rent, is your rent subsidized? ☐ Yes ☐ No If "Yes", what is your share of the rent? \$ _____

2c. If you own your home, are insurance and/or property taxes included (escrowed) in your mortgage payment? ☐ Yes ☐ No

2d. If no, how much do you pay each year for property and school taxes? \$ _____

Homeowner's Insurance? \$ _____

2e. Has anyone new moved into or out of your household? ☐ Yes ☐ No If "Yes", provide their name and relationship to you: _____

SECTION 2

Answer questions only if you pay for your own heat separate from your rent or mortgage

1. Do you pay a heating or utility company directly for heat separate from your rent or mortgage? ☐ Yes ☐ No

2. What is your main source of heat? ☐ Fuel Oil ☐ Electric Heat ☐ Natural Gas ☐ Coal or Wood ☐ Kerosene
☐ Propane or Bottled Gas ☐ Other (describe): _____

3. Is the heating bill in your name? ☐ Yes ☐ No If "No", name on the bill? _____

4. What is your heating account number (if you have one)? _____

5. What is your heating company's name? _____

6. What is your heating company's address? _____

22S2692K98922
01/26/2022

Page 3 of 8

I live in a house/apartment/mobile home/houseboat.

I do not get help or money from any person not living with me or any agency to pay for food, rent, mortgage payments, property insurance, property taxes, heating fuel, gas, electricity, garbage removal, water or sewerage.

I live alone.

I rent the home where I live. The rent is \$775.00 monthly.

No one in the household is a parent or child of either the landlord or his/her spouse.

There have not been any other changes in my living arrangements.

I do not expect these arrangements to change.

Resources

This report of resources is valid for any and all SSI claims in which I am involved.

I own the following from January 1, 2020 to continuing:

Direct Express:

Financial institution name: COMERICA BANK

Value: \$0.00 From: January 2020 To: December 2021

Value: \$0.00 From: January 2022 To: continuing

I do not own any other type of resource.

Income

This report of income is valid for any and all SSI claims in which I am involved.

I receive or expect to receive the following income from January 1, 2020 to continuing:

Other state, local, or tribe assistance based on need:

Amount \$99.00 monthly

From: January 2020 To: January 2020

Source name: DSS

Social Security Administration Supplemental Security Income

SOCIAL SECURITY
STREET LEVEL
85 HARRISON ST
NEW ROCHELLE NY 10801
Date: January 26, 2022
BNC#: 22S2692K98922

PATRICK SANDER
507 SOUTH 7TH
3RD FLOOR
MT VERNON, NY 10550

Time: 9:44 AM ET
Unit: REDE

Statement for Determining Continuing Eligibility for Supplemental Security Income Payments

I am providing the following information to support my continuing eligibility for Supplemental Security Income payments and any federally administered State supplementation under title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under title XIX of the Social Security Act.

Identification

My name is PATRICK SANDER. My Social Security claim number is [REDACTED]

I am not blind.

I am disabled. The disability began on November 1, 2008.

I never was married.

[REDACTED]

[REDACTED]

[REDACTED]

From: January 1, 2020 To: continuing

See Next Page